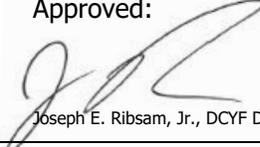


1920 OUTPATIENT COUNSELING SERVICES	
Chapter: Services for Children, Youth and Families	Section: Community-Based Services
 <p>New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: 18-47 Effective Date: December 2018 Scheduled Review Date:</p>	<p>Approved:</p>  Joseph E. Ribsam, Jr., DCYF Director
Related Statute(s): RSA 126-A , RSA 169-B , RSA 169-C , RSA 169-D , RSA 170-G , RSA 326-B , RSA 329 , RSA 329-B , and RSA 330-A Related Admin Rule(s): He-C 200 , and He-C 6344 Related Federal Regulation(s):	Related Form(s): FORM 1869 Bridges' Screen(s) and Attachment(s):

The Division for Children, Youth and Families is committed to the well-being of children and families. When uniquely challenging mental health or behavioral disorders are assessed in child protective or juvenile justice service matters, the Division will work to utilize all available services, including individual, family, and group outpatient counseling services when needed to ensure the individual has timely access to resources and supports for treatment.

Purpose

To define the specifications for purchased service relative to individual, family, and group outpatient counseling.

Definitions

"CPSW" or **"Child Protective Service Worker"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Child Protective Service Worker.

"DCYF" or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

"Family Level Objective" or **"FLO"** is a statement of what the family will do to safely accomplish the high-risk everyday life event(s) that have led to the maltreatment identified in the assessment. The Family Level Objective refers to the tasks, plans, or arrangements that the whole family can and will do to improve the overall safety and security of the family. Family Level Objectives cover issues like keeping the house clean, child supervision, or proper nutrition.

"Family Therapy" means evidenced-informed treatment involving family members and a therapist when treatment is focused on ameliorating conditions that impair family functioning.

"Group Outpatient Counseling" means a form of psychotherapy involving two (2) or more recipients and a therapist where the focus of the group is ameliorating conditions that impair life functioning.

"Individual Level Objective" or **"ILO"** is a statement of what certain individuals (typically caretakers in child protective cases and youth in juvenile justice cases) in the family will do to safely manage their personal behavioral issues that have been shown to interfere with the successful accomplishment of the everyday family life tasks as identified in the assessment (and therefore

the Family Level Objective). Individual Level Objectives cover issues like overcoming substance use, controlling one's anger, or maintaining emotional stability.

"Individual Outpatient Therapy" means the use of evidenced-informed psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis in a community setting.

"JPPO" or "Juvenile Probation and Parole Officer" means an employee of DCYF who is authorized by the Division to perform functions of the job classification Juvenile Probation and Parole Officer.

"Service Population" means children age birth through 20 and their families who need assessment or treatment of behavioral health needs.

"Service Unit" means fifteen (15) minutes.

"Therapeutic Goal" means either a skill set needed to reduce a physical or mental disability, or behaviors changed to restore the child/youth/family to their best functioning level.

"Therapeutic Need" means either the specific skills needed to reduce a physical or mental disability, or specific behaviors that should be altered to restore the child/youth/family to their best functioning level.

"Treatment Objectives" mean the short-term, measurable therapeutic targets that define what is to be accomplished before successful reaching of a therapeutic goal is determined. It is expected that multiple treatment objectives will be written to appropriately achieve each desired therapeutic goal.

Policy

- I. The Division certifies three (3) types of outpatient counseling services which may be authorized individually or in conjunction with other services to provide sufficient treatment:
 - A. Individual outpatient counseling services;
 - B. Family therapy services; and
 - C. Group outpatient counseling Services.
- II. The CPSW/JPPO must authorize payment for outpatient counseling services when ordered by the court or when a voluntary agreement between DCYF and the family has been approved.
 - A. The provider must seek payment from other sources, such as private insurance or Medicaid, before billing DCYF.
 - B. Once the CPSW/JPPO finalizes the arrangements with the provider, the CPSW/JPPO notifies the Fiscal Specialist by [Form 1869](#) via e-mail, note, or verbal notification.
 - C. If a provider is not certified, the CPSW/JPPO may refer the provider to the District Office Supervisor for screening to become certified. See the [Provider Requirements and Qualifications Practice Guidance](#) section below for further information.
 - D. A provider cannot backdate billing to cover dates of service prior to certification.

- E. A provider cannot bill for cancelled appointments and/or appointments not kept.
- III. The CPSW/JPPPO must document the therapeutic need for outpatient counseling services in the case record.
- A. If more than one type of outpatient counseling services are to be used, the individual therapeutic needs must be documented separately in the case record.
- IV. The CPSW/JPPPO must provide the following information to the provider upon referral:
- A. The identified recipient's name(s) and home address or other contact information;
 - B. Reasons for the referral, including:
 - 1. A summary of the specific problems, symptoms, and stresses, including the therapeutic need;
 - 2. Duration and intensity of problems;
 - 3. Causes or contributing factors;
 - 4. The family/individual's attempts at resolution; and
 - 5. Previous evaluations, treatments, and outcomes, if known, and changes desired;
 - C. History of involvement with DCYF including court and other legal history;
 - D. Social history, including:
 - 1. Family of origin;
 - 2. Each family member's personal history, including physical and behavioral health; and
 - 3. Alcohol or substance use;
 - E. Type of evaluation and/or treatment requested and timeframes;
 - F. Specific areas to address; and
 - G. Method of payment including any private insurance, Medicaid, or Medicaid Managed Care Organization information.
- V. The CPSW/JPPPO shall participate in the development of the provider's treatment plan, due no later than 30 days from the provider's intake date, to ensure consistency with the case plan FLOs and ILOs, if established.
- A. Other participants on the treatment team may include:
 - 1. The child/youth if age and developmentally appropriate;
 - 2. The child/youth's parent(s)/guardian(s);
 - 3. The child/youth's relative caregiver or foster parent (when applicable);

4. School district personnel; and
 5. Unless otherwise ordered by the court, other persons as requested by the child/youth and/or their parent(s)/guardian(s) such as:
 - (a) Supports;
 - (b) Relatives;
 - (c) Teachers;
 - (d) Counselors; and
 - (e) Advocates assigned by the court.
- B. The CPSW/JPPO shall sign and date each approved treatment plan.
 - C. The CPSW/JPPO shall ensure the treatment plan is signed and dated by the child/youth, when age and developmentally appropriate, the child/youth's parent(s)/guardian(s), and the provider.
 - D. A copy of the signed and dated treatment plan shall be retained in the Division's case file.
- VI. Requests to extend the service limits for Medicaid or non-Medicaid eligible recipients must be time-limited, based on the therapeutic needs of the recipient, and meet the following criteria:
- A. Be made in writing by the provider to the CPSW/JPPO, at least 30 days prior to the expiration of benefits and include:
 1. Provider name, address, telephone number, and Medicaid provider number;
 2. Recipient name, address, telephone number, and Medicaid identification number, if applicable;
 3. History of mental illness, social problems, psychiatric hospitalizations, and previous mental health/substance abuse services, medications, and outcomes;
 4. Diagnosis(es);
 5. Presenting symptoms;
 6. Functional impairments in areas of:
 - (a) Activities of daily living;
 - (b) Housing;
 - (c) Social skills;
 - (d) Educational or vocational activities;
 - (e) Ability to concentrate and follow through with tasks;

- (f) Substance use/abuse; and
 - (g) Ability to manage their health care including the symptoms of their mental illness;
- 7. Involvement of the recipient with other service and/or care providers;
- 8. For children/youth coded by the school district, a copy of the Individual Education Plan (IEP);
- 9. Results of services already provided;
- 10. Recipient willingness and ability to comply with recommended treatment;
- 11. Degree of risk of danger to self and/or others;
- 12. Service extension requested, including type and amount;
- 13. Anticipated outcome of services requested;
- 14. Prognosis for recovery or the amelioration of symptoms so that illness can be managed within the service limit during the next state fiscal year following this request;
- 15. Any extenuating circumstances that should be considered before a determination to grant an extension is decided;
- 16. The signature and title of the practitioner making the request; and
- 17. The date of the request;
- B. Be reviewed by the DCYF Bureau Chief of Field Services or designee for non-Medicaid eligible recipients;
- C. Be reviewed by the Department of Health and Human Services' Medicaid Behavioral Health Authority for Medicaid eligible recipients; and
- D. Be approved or denied based on:
 - 1. The medical necessity;
 - 2. The clinical appropriateness of diagnosis and services requested;
 - 3. The progress and outcomes of treatment to date;
 - 4. The prognosis including the likelihood of achieving anticipated outcomes in the future; and
 - 5. The need and availability of other services.

- VII. The practitioner and recipient are notified by the CPSW/JPPPO of the decision to for the extension request, by mail within 25 business days, and advised that authorization, if approved, is effective on the first day of the month in which the request is received.

Practice Guidance

What are the service provision expectations for Outpatient Counseling Service providers?

- In order to meet payment and billing requirements, providers must comply with Administrative Rule He-C 6344, "Certification Payment Standards for Community-Based Behavioral Health Service Providers." Relevant information from this Rule includes:
 - Services provided without a "Service Authorization" will not be paid by DCYF;
 - The provider must use the service authorization as an invoice for services provided and submit the invoice to DCYF for payment;
 - No payment is allowed for bills received after one year from the date of service, pursuant to RSA 126-A:3 II;
 - Reimbursement request from the provider for travel, mileage, and non-court testimony time is not allowed;
 - Providers must follow service limits for Medicaid recipients, as established by Medicaid;
 - Providers must identify and track a minimum of two (2) therapeutic outcomes;
 - Providers must identify and track indicators for each therapeutic outcome; and
 - The provider must be available for court proceedings to provide testimony, if required by the Court or requested by the CPSW/JPPPO. Payments can be made however providers will not be reimbursed for counseling units when testifying in court.

When are the clinical assessment and treatment plan due from providers?

- The provider must complete an initial clinical assessment beginning at the time of referral that results in a written treatment plan within three (3) sessions or 30 calendar days, whichever comes first.
- The initial assessment report must be submitted to the CPSW/JPPPO within 45 calendar days from the date of the referral for abuse, neglect, and CHINS cases, and within 30 calendar days from the date of referral for delinquency and voluntary cases.

What should a treatment plan from a provider include?

- The written treatment plan, based on the results of the assessment, includes:
 - An assessment summary that specifies problems, symptoms and behaviors, strengths, and therapeutic needs of the individual;
 - Diagnosis;
 - Therapeutic goals or desired outcomes;
 - Treatment objectives or incremental steps to goal achievement;
 - Interventions including modality, frequency, duration, focus of work, and projected date of termination; and
 - The provider's name, signature, and date.
- When more than one outpatient service is authorized for the same recipient, a provider may include the treatment goals and objectives for each service in one treatment plan. Individual goals and objectives should include the information described above and include participation in family therapy with goals and objectives specific to the family; group goals and objectives should be specific to the group.

What are the Medicaid requirements for the monthly report?

- The provider must submit monthly progress reports to the CPSW/JPPPO for each service provided which includes:
 - A summary of the progress made towards attaining the treatment goals;
 - Any new information;

- Any changes in diagnosis, treatment goals, timeframes, and medications;
- Concluding impressions;
- Prognosis including the need for continued care and timeframes with anticipated date of discharge; and
- The provider's name, signature, and date.
- CPSW/JPPOs should follow-up with the provider if monthly reports are not received in a timely manner and notify their Supervisor if necessary.

When are discharge summaries due from providers?

- Within ten (10) days after service termination.

What are the requirements or qualifications a provider needs for certification?

- The provider for outpatient counseling services must be:
 - Licensed by the NH Board of Mental Health Practice, pursuant to RSA 330-A, or licensed or certified in the state in which he or she practices, and have training as well as proficiency in evidenced-informed counseling or therapy in the practice area;
 - Licensed by the NH Board of Medicine, pursuant to RSA 329, or licensed or certified in the state in which he or she practices, and have training as well as proficiency in evidenced-informed counseling or therapy in the practice area;
 - Licensed by the NH Board of Psychology, pursuant to RSA 329-B, or licensed or certified in the state in which he or she practices, and have training as well as proficiency in evidenced-informed counseling or therapy in the practice area; or
 - Licensed in accordance with RSA 326-B:11, as an Advance Practice Registered Nurse (APRN), with a specialty in evidenced-informed counseling or therapy in the practice area.
- Applicants must follow the guidelines established by Administrative Rule He-C 6344 "Certification Payment Standards for Community-Based Behavioral Health Service Providers."
- CPSW/JPPOs may refer providers meeting the qualifications above, who are not currently certified, to their supervisor to begin the certification process:
 - Supervisors shall determine and approve the need for the provider; and
 - If the provider is approved, Supervisors shall work in conjunction with the Program Specialist for Community, Family, and Program Support to facilitate the application process.

What are the program rates and billing codes for the types of outpatient counseling services?

- The program rates for each service are identified in [Policy 2700](#).
- The billing code for Individual Outpatient Counseling Service is OC.
- The billing code for Family Therapy Service is OF.
- The billing code for Group Outpatient Counseling Service is OP.